

Please type a plus sign (+) inside this box: ☐

Approved for use through 12/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/245,442
Filing Date	2 February 4, 1999
First Named Inventor	Bellenger
Group Art Unit	2763
Examiner Name	Unknown

Total Number of Pages in This Submission

1

Attorney Docket Number

15886-219

RECEIVED

ENCLOSURES

MAR 25 1999

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)
<input checked="" type="checkbox"/> Authorization to Charge Deposit Account Attached	Drawing(s)
<input checked="" type="checkbox"/> Preliminary Amendment	Revocation and Power of Attorney by Assignee
<input type="checkbox"/> After Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> Affidavits/declarations	To Convert a Provisional Application
<input type="checkbox"/> Extension of Time Request	Declaration of Inventor(s)
<input type="checkbox"/> Express Abandonment Request	Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	Small Entity Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	After Allowance Communication to Group
	Appeal Communication to Board of Appeals and Interferences
	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	Proprietary Information
	Status Letter
	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
	Remarks Copy of Filing Receipt (Red-lined)

Group 2700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

WILSON SONSINI GOODRICH & ROSATI, Kent R. Richardson, Reg. No. 39 443

Signature

Date

3/4/99

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail to: Assistant Commissioner for Patents, Washington, D.C. 20231, on

Date

3/4/99

Typed or printed name

Jeffrey R. Howard

Signature

Date

3/4/99

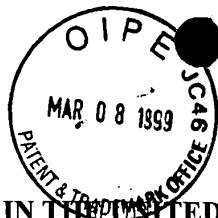
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PC:WRPORTBLPALIB1URH1006525.1



FEE TRANSMITTAL		Complete if Known	
<p>Note: Effective December 8, 1998 Patent fees are subject to annual revision.</p>		Application Number	09/245,442
		Filing Date	February 4, 1999
		First Named Inventor	Bellenger
		Group Art Unit	2763
		Examiner Name	Unknown
TOTAL AMOUNT OF PAYMENT (\$)	25.00	Attorney Docket Number	15886-219
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number: 23-2415 (15886-219)		Large Entity Small Entity	
Deposit Account Name: Wilson Sonsini Goodrich & Rosati		Fee Fee Fee Fee	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Code (\$) Code (\$) Code (\$) Code (\$)	
<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance		Fee Description	
2. <input checked="" type="checkbox"/> Payment Enclosed:		Fee Paid	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other			
FEE CALCULATION			
1. FILING FEE			
Large Entity Small Entity			
Fee Fee Fee Fee			
Code (\$) Code (\$) Code (\$) Code (\$)			
Fee Description			
Fee Paid			
101 760 201 380 Utility filing fee			
106 310 206 155 Design filing fee			
107 480 207 240 Plant filing fee			
108 760 208 380 Reissue filing fee			
114 150 214 75 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. CLAIMS			
Total Claims - 20 =		Extra Fee from below	
Independent Claims - 3 =		X 18 =	
Multiple Dependent Claims		X 78 =	
		X 260 =	
Large Entity Small Entity			
Fee Fee Fee Fee			
Code (\$) Code (\$) Code (\$) Code (\$)			
Fee Description			
103 18 203 9 Claims in excess of 20			
102 78 202 39 Independent claims in excess of 3			
104 260 204 130 Multiple dependent claim			
109 78 209 39 Reissue independent claims over original patent			
110 18 210 9 Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
		SUBTOTAL (3) (\$)	
SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name: Kent R. Richardson		Reg. Number: 39,443	
Signature: [Signature]		Deposit Account: 23-2415	
Date: 3/4/99		User ID: (15886-219)	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Patent Application
Attorney's Docket No.: 15886-219

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Donald M. Bellenger

Application No.: 09/245,442

Filed: 4 February 1999

For: *Method for Statistical Switching*

)
)
) Group Art Unit: 2763

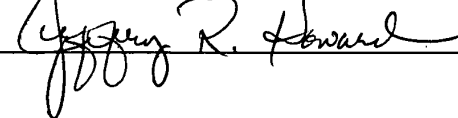
)
) Examiner: Not Yet Assigned

RECEIVED
MAR 25 1999
Group 2700

CERTIFICATE OF MAILING UNDER 37 C.F.R.

§ 1.8 - FIRST CLASS MAIL

I hereby certify that this correspondence is being deposited postage prepaid, with the United States Postal Service as "First Class Mail" in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on March 4, 1999.



(Signature)

REQUEST FOR CORRECTED FILING RECEIPT

Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Enclosed is a copy of the official Filing Receipt marked in red to identify the corrections needed, as well as a copy of the Postcard, Express Mail Receipt and New Application Transmittal submitted with the filed application. The correction(s) are as follows:

In the Applicant(s):

Under, CONTINUING DATA AS CLAIMED BY APPLICANT-

Please delete "THIS APPLN IS A CON OF 09/089,838 06/03/98" and replace with,

03/15/1999 MBLANCO 00000087 232415 09245442

01 FC:576 25.00 CH

--THIS APPLN IS A CIP OF 09/089,838 06/03/98

WHICH IS A CON OF 08/698,745 08/16/96 PAT 5,802,054--

15

Issuance of a corrected Filing Receipt is respectfully requested.

The Commissioner is authorized to charge the fee of \$25.00 to Deposit Account 23-2415 (15886-219). The Commissioner is authorized to charge any other fees associated with this communication to the above Deposit Account.

Respectfully submitted,

Dated: _____

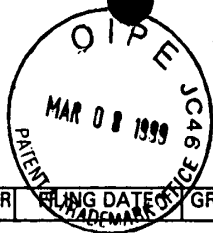
3/4/99.

By: _____

Kent R. Richardson
Reg. No. 39,443

WILSON SONSINI GOODRICH & ROSATI
650 Page Mill Road
Palo Alto, CA 94304-1050
(650) 493-9300

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/245,442	02/04/99	2763	\$976.00	15886-219	8	32	2

021971
WILSON SONSINI GOODRICH & ROSATI
650 PAGE MILL ROAD
PALO ALTO CA 94304-1050

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

DONALD M. BELLENGER, LOS ALTOS HILLS, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT-

~~THIS APPLN IS A CON OF 09/089,838 06/03/98~~

FOREIGN FILING LICENSE GRANTED 02/23/99

TITLE

METHOD FOR STATISTICAL SWITCHING

PRELIMINARY CLASS: 395

→
- THIS APPLN IS A CIP OF 09/089,838 06/03/98
WHICH IS A CON OF 08/698,745 08/16/96 PAT 5,802,054--

DATA ENTRY BY: NIMMONS, EVELYN

TEAM: 02 DATE: 02/23/99

(see reverse)